
# 2011
# Pre-Conference Payment

**Tax ID: 386005986**

**Date:** _____

**Institution:** _____

**Name(s):** _____

_____

_____

_____

**Total (number of attendees x $135)** **$**_____

## Payment information (check one)

☐ **Check**
Make checks payable to **LOEX Clearinghouse**, and mail to LOEX at the address below.

☐ **Credit Card**
Credit card payments can mailed to the address below, faxed (734.487.1289) or phoned in (734.487.0020 x 2200)

**Visa** _____ **Mastercard** _____

**Name on card** _____

**Card #** _____-_____-_____-_____

**Expiration** _____/_____ **3-digit Security Code** _____ **Billing ZIP Code** _____

*Payment is due April 25, 2011; the last day to request a refund is April 29, 2011.*

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LOEX CLEARINGHOUSE FOR LIBRARY INSTRUCTION
109 Halle Library
Eastern Michigan University
Ypsilanti, Michigan 48197-2207
www.emich.edu/public/loex/index.html

Voice: 734.487.0020 x2152 E-Mail: loex@emich.edu Fax: 734.487.1289